

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN unless you are a physician. DO NOT SIGN unless you are a physician.

1939

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16128
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Central Primary Registration District No. 111 Registered No. 635
 (c) City Richmond Heights (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
460

2. PRINT FULL NAME James E. Mueller Jr.
 (a) Residence, No. 2118 Almeda Ave St. Maplewood Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>7</u>		<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri

FATHER

13. NAME James E. Mueller Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Mary Reilly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) James E Mueller Sr. 2118 Almeda Ave Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE April 8 1929

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis Bopp 131 W. Argonne, Dr Kirkwood Mo

20. FILED APR 8 - 1939 A. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1939 to 4-8, 1939
 I last saw h. alive on 1938 Death is said to have occurred on the date stated above, at 12:30 PM
 The principal cause of death and related causes of importance were as follows:
Edeema of Larynx (stepto toxic) Date of onset 2 days
1072
 Other contributory causes of importance:
13 months Pneumonia 6
Streptococcus Laryngitis 2
 Name of operation Tracheotomy Date of 4-8-39
 What test confirmed diagnosis? Lab + Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 4-8-39, 1939
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) H. P. Robinson, M. D.
 (Address) Maplewood Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.